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# Oakland Presbyterian Church Music Camp 2019

## July 29 – August 2

### Youth Assistant Application

Applicants must be approved by Bonnie Litteral before being accepted as a Youth Assistant. You will be notified if you have been accepted one week after submitting your application.

Student's Full Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Date of Birth (mm/dd/yy): \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Sex: M F Home Phone: \_\_\_\_\_

School: \_\_\_\_\_ Grade (fall '19) \_\_\_\_\_

Your Email: \_\_\_\_\_ Your cell# \_\_\_\_\_

Name of church you attend: \_\_\_\_\_

Parents' Name(s): \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_

Mailing Address (If different): \_\_\_\_\_ City/St/Zip: \_\_\_\_\_

Mother's Employer: \_\_\_\_\_ Work #: \_\_\_\_\_

Mother's email: \_\_\_\_\_ Cell #: \_\_\_\_\_

Father's Employer: \_\_\_\_\_ Work #: \_\_\_\_\_

Father's email: \_\_\_\_\_ Cell #: \_\_\_\_\_

**Pickup/Departure Procedure**

**List Persons Authorized to Pick up Youth:**

Youth assistant has permission to drive self:      Yes    No

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Medical Information**

**List All Known Health Problems, Allergies, and Current Medications:**

\_\_\_\_\_

\_\_\_\_\_

Preferred Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Preferred Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

If parents cannot be reached, who can be called in an emergency?

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

**Youth are required to assist during the following times:**

Training and set up: Sun 7/28    12:30-3:30pm                      Costumes/ set up/Clean up: Fri 8/02 - 6:30 - 8:00pm

**GENERAL PERMISSION &ACKNOWLEDGEMENT**

- I hereby give permission for my child to accompany Music Camp on all field trips scheduled.
- I hereby give permission for my child to be videotaped or photographed for use by Oakland Presbyterian Church (this may include publication to local newspaper, Church’s Facebook and website.)
- I understand my child may be removed from camp for inappropriate behavior.

Signed; \_\_\_\_\_ Parent (or Guardian) Date: \_\_\_\_\_

**MUSIC CAMP HEALTH SERVICE CONSENT**

- In case of an accident or illness where treatment is not needed, but where my child is unable to remain at Camp, I request the Camp to contact me. If I am unable to be reached, I request that one of the persons listed above be contacted to care for my child until I can be reached.
- In the event of a serious accident of illness, I request the Camp to contact me at the phone numbers listed. If the Camp is unable to reach me, I hereby authorize the Camp to contact the physician or dentist indicated and to follow his instructions. If it is impossible to contact the physician or dentist, the Camp may make whatever arrangements are necessary to provide emergency care and treatment for my child.
- In the event of a life-threatening accident or illness, I understand that the Camp may contact 911 emergency medical system immediately, I agree to be financially responsible for this child’s care and treatment.

Signed: \_\_\_\_\_ Parent (or Guardian) Date: \_\_\_\_\_

**IN THE EVENT OF AN EMERGENCY, WE WILL ACCESS THE 911 EMERGENCY SYSTEM. IF YOU WOULD LIKE TO GIVE THEM ADVANCE PERMISSION TO BEGIN TRANSPORT AND TREATMENT OF YOUR CHILD, PLEASE SIGN THE FOLLOWING STATEMENTS**

**PERMISSION TO TRANSPORT STATEMENT**

I do hereby state that I am the parent or guardian of the child names on this form. In order to expedite care of this child, I hereby give my permission for the responding emergency team to immediately initiate treatment and transport of this child to the preferred or appropriate medical facility, according to what they deem is indicated by the nature or extent of the injuries. I agree to be financially responsible for this child’s treatment and transport. I will notify the Camp of any changes of this information in writing.

Signed: \_\_\_\_\_ Parent (or Guardian) Date: \_\_\_\_\_

**PERMISSION TO TREAT STATEMENT**

I do hereby state I am the parent or guardian of the child names on this form. In order to expedite care of this child, I give my permission for the appropriate medical personnel and state to initiate treatment immediately upon arrival to the appropriate facility. I agree to be financially responsible for this child’s treatment. I also request that I be notified of my child’s condition and admission as soon as possible. If I am unable to be reached, I request that the admitting facility notify one of the other persons listed above of my child’s condition and admission.

Signed: \_\_\_\_\_ Parent (or Guardian) Date: \_\_\_\_\_

**THIS FORM IS EFFECTIVE FOR ONE YEAR FROM THE DATE SIGNED**